

Miconazole | Clotrimazole

This sheet is about exposure to miconazole or clotrimazole in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare providers.

What is miconazole?

Miconazole is a medication used to treat fungal infections. Miconazole is a cream used to treat skin and vaginal infections. Common trade names for miconazole include Monistat®, Micatin® and Mitrazole®.

What is clotrimazole?

Clotrimazole is also a medication used to treat fungal infections. Like miconazole, clotrimazole is available as a cream to treat skin and vaginal infections. Brand names of clotrimazole Femcare®, Lotrimin®, and Mycelex®.

I just found out I am pregnant. Should I stop using miconazole or clotrimazole?

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

What should I do if I think I have a vaginal yeast infection while pregnant?

People are more likely to get yeast infections during pregnancy than at other times. If you think you have a vaginal yeast infection, it is important to see your healthcare provider to be sure the infection is yeast before trying to treat it on your own. If you have another type of infection, you may need different treatment.

I use miconazole or clotrimazole. Can it make it harder for me to become pregnant?

Using miconazole or clotrimazole is not expected to make it harder to become pregnant.

Does using miconazole or clotrimazole increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. One study found a small increased chance for miscarriage with miconazole and clotrimazole, but there were several problems with this study that could have affected the results. Other studies have not found that miconazole or clotrimazole increases the chance for miscarriage.

Does taking miconazole or clotrimazole increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Topical (used on the skin) or vaginal medications enter the body in lower amounts than oral (pill) medications. This means less medication reaches the developing baby. Since topical and vaginal miconazole and clotrimazole are not well absorbed, they are unlikely to be a concern for the pregnancy. Most studies have shown that miconazole or clotrimazole at low doses (<400 mg/day) does not increase the chance of birth defects.

Does using miconazole or clotrimazole increase the chance of other pregnancy related problems?

Studies have not been done to see if miconazole or clotrimazole increases the chance for pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).



Does using miconazole or clotrimazole in pregnancy affect future behavior or learning for the child? Studies have not been done to see if miconazole or clotrimazole can cause behavior or learning issues for the child.

Breastfeeding while using miconazole or clotrimazole:

There are currently no studies looking at miconazole or clotrimazole use during breastfeeding. However, because only small amounts of the medication could pass into breastmilk when miconazole or clotrimazole is used topically, breastfeeding is not expected to be a concern. Miconazole and clotrimazole creams have been used directly on infants under the care of a healthcare provider to treat fungal infections. Talk to your healthcare provider about your breastfeeding questions.

If a male uses miconazole or clotrimazole, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

There are no studies looking at fertility or possible risks to a pregnancy when the father uses miconazole or clotrimazole. In general, exposures that fathers or sperm donors have are unlikely to increase the risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Selected References:

- Butler DC, et al. 2014. Safety of dermatologic medications in pregnancy and lactation: Part II. Lactation. J Am Acad Dermatol, 70(3):417 e1-10.
- Carter TC, et al. 2008. Antifungal drugs and the risk of selected birth defects. Am J Obstet Gyn, 198:191-193.
- Czeizel AE, et al. 2004. Population-based case-control teratologic study of topical miconazole. Congenit Anom, 44:41-45.
- Daniel S, et al. 2018. Vaginal antimycotics and the risk for spontaneous abortions. Am J Obstet Gynecol, 218(6):601.e1-601.e7.
- Giavini E, Menegola E. 2010. Are azole fungicides a teratogenic risk for human conceptus? Toxicol Lett, 198(2):106-111.
- Kazy Z, et al. 2005. The possible association between the combination of vaginal metronidazole and miconazole treatment and poly-syndactyly population-based case-control teratologic study. Reprod Toxicol, 20:89-94.
- Mendling W, Brasch J. 2012. Guidelines vulvovaginal candidosis (2010) of the German Society for Gynecology and Obstetrics, the Working Group for Infections and Infectimmunology in Gynecology and Obstetrics, the German Society of Dermatology, the Board of German Dermatologists and German speaking Mycological Society. Mycoses, Jul (55) Suppl 3:1-13.
- Murase JE, et al. 2014. Safety of dermatologic medications in pregnancy and lactation: Part 1 Pregnancy. J Am Acad Dermatol, 70(3):401.e1-14.
- Rotem R, et al. 2018. Risk of major congenital malformations following first-trimester exposure to vaginal azoles
 used for treating vulvovaginal candidiasis: a population-based retrospective cohort study. BJOG, 125(12):15501556.
- Soong D and Einarson A. 2009. Vaginal yeast infections during pregnancy. Can Fam Physician, 55(3):255-256.
- Stevens RE, et al. 2002. Bioavailability study of a 1200 mg miconazole nitrate vaginal ovule in healthy female adults. J Clin Pharmacol, 42(1):52-60.
- Tiboni GM et al. 2008. Teratogenic effects in mouse fetuses subjected to the concurrent in utero exposure to miconazole and metronidazole. Reprod Toxicol, 26(3-4):254-61.

